Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 04/27/2014

Incident #: 14ispc003512

County: Washington

Street: 1800 Block of West Goat Hollow Road

Apt, Lot, Room #: N/A

City: Vallonia

Type of Laboratory Seizure (check one)

☒ Lab Seizure
☐ Chemical Seizure
☐ Equipment Seizure
☐ Dumpsite Seizure

Seizure Location (check all that apply)

☐ Residence
☐ Outbuilding
☐ Vehicle
☐ Other: _____

☐ Hotel/Motel
☒ Open – No Structure
☐ Business

Apt., hotel, multi-family dwelling: Shared HVAC: ☐ Yes ☒ No ☐ Unknown

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

☒ One Pot or Birch Reaction(s): <u>Camo Bag</u>

☐ Red Phosphorous/Iodine Reaction(s): <u>Camo Bag</u>

☒ Hydrochloric Acid Gas Generator(s): <u>Camo Bag</u>

☒ Flammable Solvents: <u>Camo Bag</u>

☐ Water Reactive Metal (Lithium): _____
☐ Anhydrous Ammonia: _____
☒ Corrosive Acid: <u>Camo Bag</u>

☒ Corrosive Base: <u>Camo Bag</u>
☒ Ammonium Nitrate/Sulfate: <u>Camo Bag</u>
☐ Other (item and location): _____

Child under age 18 discovered (check appropriate)

☐ Yes _____ (number present)
☒ No
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☐ disarray ☐ unclean

Estimated length of time manufacturing had been occurring: <u>Unknown</u>

Additional Information: _____

Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: _____
VIN: _____
Year: _____

Make: _____
Model: _____
Color: _____

This report has been faxed* or emailed to the following agencies that serve the location:

Fire Department: <u>N WASH/MONROE TWP VFD</u>   Fax: <u>812-883-9834</u>
Health Department County: <u>Washington</u>   Fax: <u>812-883-8133</u>
Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: <u>Kevin Bowling</u>   Phone <u>812-246-5424</u>

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.